

ENTRY BLANK—PLEASE TYPE OR PRINT

☐ Ms./Artist☒ Mr./Artist

MARC KONYs

(last name last)

Permanent

Address

15524 LyDIAN

CLEVELAND

Street

City

44111

Daytime Tel. (216)

333-4768

Zip

area

~~Temporary or~~

Studio Address

20157 LAKE RD Rocky River

Street

City

44116

Daytime Tel. (216)

333-4768

Zip

area

If you do not presently live in one of the counties of the Western Reserve, in which county where you born? _____

Collaborator (if any)

NONE

If May Show entries are not accepted or are not sold:

☒ Artist will pick up at Museum.☐ Museum should dispose of.☐ Museum should ship to artist at artist's expense:

Street

City

State

Zip

Special Instructions

Entry Blank must be completed in full and signed; forms received unsigned will not be accepted.

When necessary, include instructions or a drawing for assembling and displaying an object.

Note carefully the dates for both delivery and return of objects. It is understood that the Museum shall dispose for its own account any objects not picked up by the dates given herein. It is also understood that accepted objects will remain on exhibition until May 31, 1987.

The submission of objects will be construed as an acceptance by the artist of all terms and conditions printed herein.

Signature

Mark Kony

I have received the unsold/unaccepted object(s) in good condition.

Signature

M Kony

ENTRY BLANKS

A

☐ Paintings

☒ Sculpture

☐ Graphics

☒ Crafts

☐ Photography

(specify category)

Materials used (media):

3/4" Float Glass

Title

Glass on Glass

Price or NFS

2400

 Insurance Value
If NFS Only

Size

18x50x20

height x width x depth

GRAPHICS AND PHOTOGRAPHY ONLY

 Additional No.
For Sale

Total No. in Edition

 Price
Unframed

 Price of
Frame

ACCEPTED

X

NOT ACCEPTED

DO NOT WRITE IN THIS SECTION

12 I 13(M)

ACCEPTED

X

NOT ACCEPTED

B

☐ Paintings

☐ Sculpture

☐ Graphics

☐ Crafts

☐ Photography

(specify category)

Materials used (media):

Title

Price or NFS

 Insurance Value
If NFS Only

Size

height x width x depth

GRAPHICS AND PHOTOGRAPHY ONLY

 Additional No.
For Sale

Total No. in Edition

 Price
Unframed

 Price of
Frame

ACCEPTED

 DO NOT WRITE
IN THIS SECTION

ACCEPTED

RECEIVED

NOT ACCEPTED

NOT ACCEPTED

DATE

ACB
3/21

Detach entire portion along dotted line and submit with slides, but retain tags